


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90029 014 \*\*\*\*50.00

<b>DOCUMENT # L03000041426</b> 1. Entity Name <b>BOCA BAYOU YACHT BASIN, LLC</b>			
Principal Place of Business <b>981 RIDGEWOOD AVENUE SUITE 105 VENICE, FL 34285 US</b>		Mailing Address <b>C/O THE BOLLARD GROUP ONE JOY ST. BOSTON, MA 02108 US</b>	
2. Principal Place of Business <b>99 Nesbit Street</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Punta Gorda, FL</b>		City & State	
Zip <b>03950</b>		Zip	
Country		Country	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BETTERTON, GREG A 981 RIDGEWOOD AVENUE SUITE 105 VENICE, FL 34285</b>		7. Name and Address of New Registered Agent Name <b>Michael P Haymans</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Far, Far, Emench, Spirit, Hackett and Carr, P.A</b> <b>99 Nesbit Street</b> City <b>Punta Gorda</b> <b>FL</b> <b>03950</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>for Michael P. Haymans</b> <span style="float: right;">4/28/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PARAFESTAS, ANASTASIOS THE BOLLARD GROUP, ONE JOY STREET BOSTON, MA 02108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <b>Parafestas</b>		<b>4/26/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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04212005 Chg-LLC CR2E083 (10/03)